



Healthy Child Care Newsletter



Summer ★ Missouri Dept. of Health and Senior Services ★ www.health.mo.gov ★ Volume 15 Number 1

Think Safety



by Louise Bigley MSN, RN Southwest District MCH Nurse Consultant

As summertime unfolds it seems as though the outdoors become an extension of our homes and child care settings. Children reap great benefits from the outdoors through exploration, discovery, physical activity, nutrition, clean air and sunshine, but with those rewards bring additional safety concerns.

Preventing unintentional injuries is always on the forefront of our minds when working with children! Now is a great time to take a fresh look around your child care environment for safety issues and concerns.

Your local Child Care Health Consultant (CCHC) can be especially helpful to answer questions and concerns about health and safety issues. CCHCs can provide onsite consultation to discuss your health and safety concerns and develop plans to implement improvements.

In addition, CCHCs can also assist with your staff training needs. Topics including a wide array of health and safety subjects and can be personalized to meet the needs of your child care setting. CCHCs are approved by DHSS to provide clock hour training to meet child care requirements.

Additionally, CCHCs can offer health promotions to the children in your care. This is a great opportunity to connect your child care safety messages to fun, interactive health programs designed for children. Health consultation, clock hour training and health promotions are provided at no charge. Contact your local health department to talk with your CCHC and find out how they can help you promote a safe and healthy child care environment; or call the Center for Local Public Health Services at 573-751-6170 for additional information.

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Caring for Our Children's Standards

Crib Standards

In 2011, The Consumer Safety Product Commission released new standards for the use of cribs. Facilities should check each crib before its purchase and use to ensure that it is in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM safety standards.

Recalled or second-hand cribs should not be used or stored in the facility. When it is determined that a crib is no longer safe for use in the facility, it should be dismantled and disposed of appropriately.

Staff should only use cribs for sleep purposes and should ensure that each crib is a safe sleep environment. No child of any age should be placed in a crib for a time-out or for disciplinary reasons. When an infant becomes large enough or mobile

enough to reach crib latches or potentially climb out of a crib, they should be transitioned to a different sleeping environment (such as a cot or sleeping mat).

Each crib should be identified by brand, type, and/or product number and relevant product information should be kept on file (with the same identification information) as long as the crib is used or stored in the facility.

Staff should inspect each crib before each use to ensure that hardware is tightened and that there are not any safety hazards. If a screw or bolt cannot be tightened securely, or there are missing or broken screws, bolts, or mattress support hangers, the crib should not be used.

It is important to check carefully before all crib purchases that the crib meets the standards that will go into effect on December 28, 2012. Although manufacturers and retailers were required to begin complying with the new crib requirements on June 28, 2011, not all cribs available for purchase meet these standards. In order to ensure that a new crib purchase meets the new standards, you should ask the retailer or manufacturer to provide a Certificate of Compliance. The document must:



Reminder...

- Describe the product
- Give name, full mailing address and telephone number for importer or domestic manufacturer
- Identify the rule for which it complies (16 CFR 1219 or 1220)
- Give name, full mailing address, email address, and telephone number for the records keeper and location of testing lab
- Give date and location of manufacture and testing

The crib must also have a label attached with the date of manufacture.

Visit healthychildcare.org/StandardOfTheMonth.html to learn more about the standard.

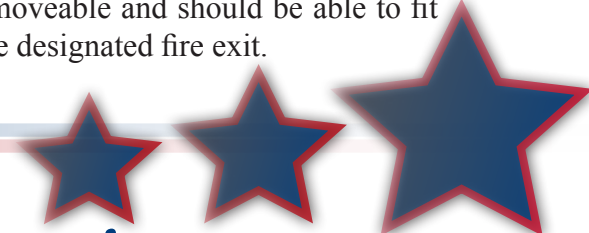
Safety standards document that cribs used in facilities should be made of wood, metal, or plastic. Crib slats should be spaced no more than two and three-eighths inches apart, with a firm mattress that is fitted so that no more than two fingers can fit between the mattress and the crib side in the lowest position. The minimum height from the top of the mattress to the top of the crib rail should be twenty inches in the highest position. Cribs with drop sides should not be used. The crib should not have corner post extensions (over one-sixteenth inch). The crib should have no cutout openings in the head board or footboard structure in which the head of a child could become entrapped. The mattress support system should not be easily dislodged from any point of the crib by an upward force from underneath the crib. All cribs should meet the ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, F406-10b Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16

CFR 1219, 1220, and 1500 - Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.

Cribs should be placed away from window blinds or draperies.

As soon as a child can stand up, the mattress should be adjusted to its lowest position. Once a child can climb out of his/her crib, the child should be moved to a bed. Children should never be kept in their crib by placing, tying, or wedging various fabrics, mesh, or other strong coverings over the top of the crib.

Cribs intended for evacuation purpose should be of a design and have wheels that are suitable for carrying up to five non-ambulatory children less than two years of age to a designated evacuation area. This crib should be used for evacuation in the event of fire or other emergency. The crib should be easily moveable and should be able to fit through the designated fire exit.



Give Army Parents a Break!

Child Care Aware® of Missouri, the state Child Care Resource and Referral Network, is joining forces with the National Association of Child Care Resource and Referral Agencies (NACCRRA) to promote “Give Army Parents a Break,” a project designed to provide child care to families of geographically dispersed Army Recruiters, Drill Sergeants, ROTC Cadre, deployed Army National Guard, and deployed Army Reserve soldiers in Missouri.

Funded by U.S. Army Child, Youth & School Services (CYSS), “Give Army Parents a Break” allows Army families to access from 8 to 16 hours of child care per month at a licensed child care facility. The program gives eligible soldiers and their spouse, or designated legal guardian, the opportunity to take a break without any out-of-pocket expense. “Give Army Parents a Break”

cannot replace regular child care hours supported by military fee assistance, but can instead be used for activities such as doctor appointments, running errands, going to the gym or just having some quiet time.

Army families must enroll to be eligible to participate and must select a child care center or family child care provider that is also enrolled in the “Give Army Parents a Break” program. A list of participating child care programs can be obtained by calling the Child Care Aware® of Missouri Referral Center at 866-892-3228.

Licensed child care programs who want to become an approved “Give Army Parents a Break” provider should contact our referral center at center at 866-892-3228 or email referralcenter@mo.childcareaware.org.

Caring for Our Children's Standards

Emergency & Evacuation Drills/Exercises Policy

Caring for our Children recommends facilities should have a policy documenting that emergency drills/exercises should be regularly practiced for geographically appropriate natural disasters and human generated events such as:

- Fire, monthly;
- Tornadoes, on a monthly basis in tornado season;
- Floods, before the flood season;
- Earthquakes, every six months;
- Hurricanes, annually;
- Threatening person outside or inside the facility;
- Rabid animal;
- Toxic chemical spill;
- Nuclear event.

All drills/exercises should be recorded. Please see Standard 9.4.1.16: Evacuation and Shelter-in-Place Drill Record for more information.

A fire evacuation procedure should be approved and certified in writing by a fire inspector for centers, and by a local fire department representative for large and small family child care homes, during an annual on-site visit when an evacuation drill is observed and the facility is inspected for fire safety hazards. Depending on the type of disaster, the emergency drill may be within the existing facility such as in the case of earthquakes or tornadoes where the drill might be moving to a certain location within the building (basements, away from windows, etc.) Evacuation drills/exercises should be practiced at various times of the day, including nap time, during varied activities and from all exits. Children should be accounted for during the practice.

The facility should time evacuation procedures. They should aim to evacuate all persons in the specific number of minutes recommended by the local fire department for the fire evacuation, or recommended by emergency response personnel. Cribs designed to be used as evacuation cribs, can be used to evacuate infants, if rolling is possible on the evacuation route(s).

Fire inspectors or local fire department representatives can



contribute their expertise when observing evacuation plans and drills. They also gain familiarity with the facility and the facility's plans in the event they are called upon to respond in an emergency. In family child care homes, the possibility of infant rooms or napping areas being located on levels other than the main level makes having consideration and written approval from the

Visit healthychildcare.org/StandardOfTheMonth.html to learn more about the standard.

fire inspector or local fire department representative of the program's evacuation plan especially important since infants require more assistance compared to other age groups during an evacuation.

Sunscreen Policy

Now that the warm weather is here, it's time to assure that children are protected from the sun. Sunscreen is regulated by the FDA as an over-the-counter medication because its active ingredients change the normal physiological process of how the body functions. The FDA also regulates for adverse reactions to the active ingredients.

Applying sunscreen and properly documenting its application can be a time-consuming task for child care providers and children's families. Child care providers may speak to their Child Care Facility Specialist to request a variance to follow procedures that will make sunscreen application an easier and less time-consuming process. A variance may allow a standard form to be used that indicates the brand and type of sunscreen to be applied, which parents may sign once per year. The provider would be responsible for following the manufacturer's guidelines for application of the sunscreen. Additionally, because it is being used as a preventive measure and not a treatment, documentation of the regular application of sunscreen would not be necessary. These allowances would save time and make it a much easier process to ensure that



Protect Against the Sun

each child is protected from harmful overexposure to UV rays while providing documentation to meet licensing requirements.

If you are a provider interested in determining if a variance for sunscreen application is possible for your facility, please contact your Child Care Facility Specialist for more information.

EXPLORE NATURE

The Missouri outdoors provides many opportunities for children, but these days most children suffer from a disconnection with nature and the outdoors. From parks to playgrounds or exploring your backyard, there are many options to keep things fun and interesting. Reconnecting with nature can improve a child's sense of well-being and mental abilities; it can encourage physical activity that promotes a healthy weight; and it can help build lifelong understanding and concern for the care of our natural resources.



Take a hike



*Connect with
nature*



*Explore
upclose*

Child care providers can help support kids connecting with nature. Here are a few ideas how:

1. Host a family play day filled with lots of outdoor games and activities.
2. Host a family gardening day and plant flowers and shrubs and grasses to enhance your outdoor space.
3. Host a nature play day – go for a nature hike, build forts and dens and dig for worms.
4. Create an outdoor reading area and pick a different nature themed book to read each day.
5. Using loose parts or sidewalk chalk, create mazes for children to follow using different movement skills.
6. Read Leaf Man and go on a leaf collection walk. Make your own Leaf People!
7. Do outdoor dramatic play: Fly like birds – high and low and fast and slow. Pretend to fly south for the winter and return in the spring!

Children in Nature



One more way you can help the kids you care for connect with the outdoors is to encourage their families to become Children in Nature (CIN) Families. CIN is a program to recognize communities and families who create opportunities for their children to get outside and discover nature firsthand.

Steps for becoming a Children in Nature Family:

1. Sign up online at <http://childreninnature.mo.gov/sign-up/>.
2. Complete activities from the checklist to earn 50 points. There are lots of fun activities on the list so choose what works best for your family. Activities include things you can do at or near home, such as walking in the neighborhood, to things further afield such as visiting a state park. Click here to download the family checklist.
3. Mark the activities your family completed on the checklist. Scan and email it to childreninnature@mo.gov or mail the completed form to Missouri State Parks, Attention-Children in Nature, P.O. Box 176, Jefferson City, MO 65102. Once the form is submitted your family will receive a prize pack. Also, your family will be entered to win prizes that will enhance your outdoor experience!

The benefits from nature activities are endless. It's time to experience the fun. Visit www.Childreninnature.mo.gov for more information and resources on getting kids outside.



MyPlate: Your Guide to Healthier Eating

Make room on your table for MyPlate, the new generation icon for building healthy meals. The new icon, which replaces MyPyramid, translates the 2010 US Dietary Guidelines for Americans into this simple graphic which shows us how much of our meal should come from the main five food groups—fruits, vegetables, grains, protein and dairy.

This simplified icon makes it easier to see proper portions, and to understand how to have a balance and nutritious meal. One half of your plate should be filled with fruits and vegetables, with whole grains and lean protein on the other half, according to the U.S. Department of Agriculture. Low-fat dairy on the side, such as a cup of skim milk or yogurt, is also suggested.

The central message of the plate is “Eat more of a plant-based diet.” When $\frac{3}{4}$ of your plate is filled with fruits, vegetables and wholesome whole grains, it will be difficult to get too much saturated fat, added sugars or sodium. And, at the same time, you should get a boost of nutrition from the fiber, vitamins, minerals and antioxidants packed into plant-based foods and lean protein.

Here are the government’s key messages to go along with ChooseMyPlate.

Balance Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

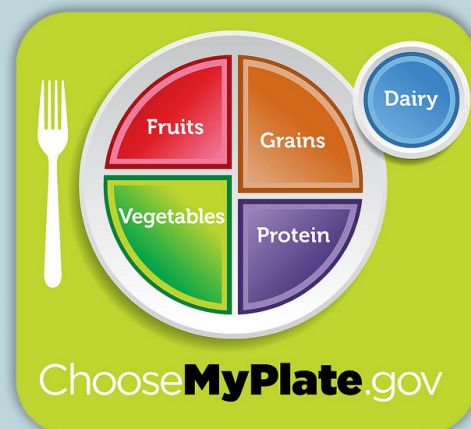
Foods to Increase

- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.
- Make at least half your grains whole grains

Foods to Reduce

- Compare sodium (salt) in foods like soup, bread, and frozen meals, and choose foods with lower numbers.
- Drink water instead of sugary drinks.

If the new plate helps boost the amount of fruits and veggies Americans eat, that could be the single biggest step to improve the nation’s health. For more information about MyPlate go to www.choosemyplate.gov.



Make Over Your Meal with MyPlate

Here is how to make over a typical fast food meal to make a balanced meal using MyPlate.

Before MyPlate:

Hamburger on Bun
French Fries
Soda



After MyPlate:

Hamburger on Whole Wheat Bun
Steamed Broccoli or Side Salad
Apple Slices
Skim Milk



Institute of Medicine's Recommendations to Update CACFP Meal Requirements

by Sherry Clifton, MS, RD, LD

Meals and snacks provided in the child care setting often account for the majority of food a child eats each day, so the quality of the food provided can have a large impact on the child's diet and health. When a center participates in the Child and Adult Care Food Program (CACFP), the meals served must meet the meal pattern requirements, which were designed to ensure that children receive high-quality, nutritious foods. The current meal pattern requirements for the CACFP, however, are based in part on nutrition and health information from 1989. In fact, there have been no major changes to the CACFP meal pattern since the program first began, in 1968.

Over the past two decades, scientists have gained a better understanding of how nutrition can lead to improved health. For this reason, the USDA-Food

and Nutrition Services (USDA-FNS) contracted with the Institute of Medicine (IOM) to study and provide recommendations to update the CACFP meal pattern requirements to bring them in line with the most recent Dietary Guidelines for Americans and current nutritional science. The IOM is an independent, nonprofit organization that works outside of government to provide advice to decision makers and the public on science, medicine and engineering.

On November 4, 2010, the IOM's "Aligning Dietary Guidance for All" Meal Pattern Recommendations for CACFP was released to USDA and the public. The IOM recommendations cover all age groups from infants through older adults, and could be implemented by a variety of providers, including those in family homes and large centers.

The IOM recommendations for the CACFP:

Recommended Age Groups:

- Infants – change from 3 age groups to two age groups (birth through 5 months and 6 through 11 months);
- Children – recommended new age groups: 1 year; 2 through 4 years; 5 through 13 years; 14 through 18 years; and;
- Adults (19 years and older)

The recommendations promote healthy foods from five food groups:

1. fruits
2. vegetables
3. milk
4. grains/bread
5. lean meats/meat alternates



Healthier Meals for Children

Recommended Changes in CACFP Meal Pattern Requirements:

For each of the age groups, IOM recommended new Meal Requirements, including both revised meal patterns and additional requirements for specific foods. The daily and weekly meal patterns are the types and amounts of foods that are to be offered for breakfast, lunch/supper and snacks. For example, a lunch meal pattern would have one serving of fruit, two servings of two different vegetables, one grain/bread, one lean meat/meat alternate and one serving of milk.

Other changes recommended by the IOM include:

- Adopt new Meal Requirements for healthy infants and young toddlers to bring the infant meal pattern in line with the recommendations of the American Academy of Pediatrics (no solid foods for infants the first six months);
- Increase the variety of fruits and vegetables (increase dark green and orange vegetables and minimize starchy vegetables served each week); and limit use of 100% juice;
- Increase the proportion of whole grains (at least half the grains served be whole grain), baked or fried grain products that are high in fat and added sugars would be limited to once per week;
- Decrease (limit) food and ingredients that are high in solid fats, added sugars, trans fats, and sodium; use vegetable oils and limited amounts of salt when preparing meals to help keep calories in check.
- Add a meat/meat alternate serving to the breakfast. All meats served should be lean; soy products, beans, eggs, nuts, and other meat alternatives may be used;
- Milk served to participants two years of age and older must be low-fat (1%) or fat-free (skim) milk, flavored or unflavored. NOTE: This became mandatory effective October 1, 2011.
- The snack should include two components (such as a vegetable and a grain), but the types of components served over the course of the week would be required to include two fruit components, two vegetable components, two grain/bread components, two milk components and two meat/meat alternate components.

Time line for Implementation

- Summer 2012 – anticipated date for the proposed rule for the revised CACFP meal pattern will be published in the Federal Register
- 90 day public comment period; your chance to respond to any part of the proposed rule that outlines USDA's meal pattern changes for CACFP
- Fall 2013 - Final Rule will be published in the Federal Register
- MDHSS-BCFNA will provide training, technical assistance and policy updates to train CACFP contractors on final meal pattern changes

What can Child Care providers do now?

- Become a Missouri Eat Smart Child Care – the meal requirements of the Missouri Eat Smart Guidelines at the advanced level closely mirror the recommendations of the IOM.
- Attend the Eat Smart Child Care training available through CACFP.
- Use the Eat Smart resources, nutrition self assessment tool, cycle menus and recipes at: www.health.mo.gov/eatsmartguidelines.

Implementation of the IOM's recommendations will lead to healthier meals for children. With so many children relying on CACFP for the majority of their meals, these changes can make a difference in the diets and health of thousands of Missouri children.

Unsafe Products, and How to Obtain Recall Information

The Consumer Product Safety Commission (CPSC) works to protect the public from unreasonable risks of injury or death associated with the use of consumer products. Possible risks include products that pose a fire, electrical, chemical or mechanical hazard. For over 30 years, the CPSC has worked to ensure the safety of consumer products such as toys, cribs, power tools, household chemicals and other product categories. The CPSC depends on consumers to report potential hazards or product related injuries. These hazards can be reported at www.SaferProducts.gov.

The CPSC has recently released a report warning consumers of the risks involved with the use of

certain Safety 1st toilet and cabinet locks. The report states that young children can unexpectedly disengage these locks, posing risk of drowning and access to dangerous materials. A previous report also notified consumers about Safety 1st Push 'N Snap Cabinet Locks that can pose hazards by allowing young children to access unsafe materials.

To access details from these reports, including product numbers, sales dates, and locations of distribution, please go to www.cpsc.gov/cpscpub/prerel/prhtml12/12180.html and www.cpsc.gov/cpscpub/prerel/prhtml12/12136.html. Visit the CPSC website for reports on other products that pose safety hazards.

Recalled



Immunization Record Review

In an effort to improve child immunization rates, the Bureau of Immunization Assessment and Assurance (BIAA) and the Section for Child Care Regulation (SCCR) collaborated to develop an extensive plan to improve the immunization rates of preschool children in Missouri.

So for this year, BIAA and SCCR staff have reviewed approximately 11,000 immunization records of children in child care. The review has determined that 90% of the children are adequately immunized for the potentially deadly diseases of Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Pneumococcal (PCV), Hepatitis B, Polio, Measles, Mumps, Rubella, Varicella.

Kudos to all child care providers who are assuring that children's immunization records are on file when a child enrolls, and kept up to date. If you would like assistance in reviewing immunization records, please contact your Child Care Health



Consultant nurse at your local public health agency (LPHA). A listing of LPHAs can be found at: health.mo.gov/living/lpha/lphas.php.

DHSS EDITORIAL STAFF

Angela Oesterly

Coordinator of Children's Programs
Section for Child Care Regulation

Sue Porting

Assistant Administrator
Section for Child Care Regulation

Lori Buchanan

Publication Information Coordinator
Office of Public Information

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the Web address: health.mo.gov/safety/childcare/newsletters.php so they can print their own copy.

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO, 65102, 573.751.2450. Hearing- and speech-impaired citizens can dial 711. EEO/AAP services provided on a nondiscriminatory basis.

Partial support for this newsletter is provided by:

